

TRICARE Pharmacy Program Medical Necessity Form for Estrostep Fe

This form applies to the TRICARE Mail Order Pharmacy (TMOP) and the TRICARE Retail Pharmacy Program (TRRx) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Contraceptives on the DoD Uniform Formulary include the majority of oral, transdermal, vaginal ring, and injectable contraceptives available in the U.S. **Estrostep Fe is non-formulary, but available to most beneficiaries at a \$22 cost share.** Formulary alternatives to Estrostep Fe include all other currently available triphasic oral contraceptives and most monophasic products.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Estrostep Fe at the non-formulary copay. The purpose of this form is to provide information that will be used to determine if the use of Estrostep Fe *instead of a formulary medication* is medically necessary. If Estrostep Fe is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary copay.
- Active duty service members may not fill prescriptions for Estrostep Fe unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER	RETAIL	MTF
If the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/> <ul style="list-style-type: none">The completed form and the prescription may be faxed to 1-877-283-8075 or 1-602-586-3915 ORThe patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954	If the prescription is to be filled at a retail network pharmacy, check here <input type="checkbox"/> <ul style="list-style-type: none">The provider may call: 1-866-684-4488 ORThe completed form may be faxed to 1-866-684-4477	<ul style="list-style-type: none">Non-formulary medications are available at MTFs only if both of the following are true:<ul style="list-style-type: none">The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.The non-formulary medication is determined to be medically necessary.Please contact your local MTF for more information. There are no cost shares at MTFs.

There is no expiration date for approved medical necessity determinations.

Step 1 Please complete patient and physician information (Please Print)

Patient Name:	_____	Physician Name:	_____
Address:	_____	Address:	_____
Sponsor ID #	_____	Phone #:	_____
		Secure Fax #:	_____

Step 2 Please explain why the patient cannot be treated with a formulary medication:

1. Estrostep Fe is required because the patient continues to experience troublesome adverse effects (e.g., breakthrough bleeding or spotting) after having tried at least two different formulary oral contraceptives taken on a consistent basis for at least three cycles each; and, in the opinion of the provider, the timing of the adverse effects supports use of a triphasic product that varies estrogen on an increasing basis during the cycle. ☐

Please provide the oral contraceptives previously used, duration of therapy, and clinical explanation below:

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

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Prescriber Signature

Date

Latest revision: July 2006